

Thank you for registering for Big Red's summer camp! We are so excited to see God at work in your child's life. We have put together a "welcome" packet.

- □ I REGISTERED ONLINE AND PAID.
- □ HOLD HARMLESS AGREEMENT AND WAIVER OF LIABILITY
- MEDICATION INFORMATION CARD (If applicable)

Final Camp Details

Drop of is at camp: Camp will be open for check-in at 5PM on Wednesday, July 26th. We will begin orientation for the kids at 5:30PM. Dropping off at camp gives parents the opportunity to see our campground and experience a little of camp.

Pick-up at camp: Parents will pick up from camp at 11am on July 29th.

Paper Work: Fill out the Liability Release and Medical Form and bring them with you along with any medication to check in.

 Medications: All medications must be turned in and registered with camp nurse at registration. Fill out a Medication Information Card for each medication your child needs during camp. Preferred Over-the-Counter Medications: Tylenol and Advil are stocked by
Camp Staff. Qualified health personnel dispense these medications.
De Net Sond these medications with your child. Due to state peopletions, all campan medication

Do Not Send these medications with your child. Due to state regulations, all camper medication must be kept in the nurse's facility. If you do not want Over- the -Counter Tylenol or Advil dispensed to your child, on an as needed basis, please inform Camp Nurse at registration.

What to bring: See list

What NOT to bring: Cell phones should not be used at camp. They are a distraction. If you need to reach your child or your child needs to reach you it is best if they talk to camp staff. Emergency phone number is 956.204.0069. For emergencies. Do not bring valuables, radios, headphones, video games, cell phones, I-Pods, as well as any items that could be used as a weapon. We are not responsible for lost, stolen or damaged items. If we have to confiscate any inappropriate item, it will NOT be returned.

Contact Info: We do get some cell reception at the camp. If you need to contact us while at camp, please call Jonathan at 956.204.0069 (please limit to emergencies only).



Directions to camp: The best is to use Google Maps and search "Brand Christian Youth Camp" or follow these directions. Please read these directions even if you plan to use Google Maps.

Take the freeway north toward Harlingen

In Harlingen stay right to take HWY 83 to McAllen

Once you pass McAllen look for

Exit Business 83/ Inspiration Rd

Exit and take a left at the light onto Bus83

Go thru two lights

3rd light turn left on Bentsen Palm Drive

This dead ends into Bentsen State Park.

You will see a blockade at the end of the road. Drive through the blockade and into the park (if anyone stops you tell them you are going to Brand Christian Youth Camp).

You will come to a gate. punch in code 3131 and it will open. Please drive slowly into the parkdo not exceed 12 miles per hour and watch for kids on bikes and walking.

Follow the road and stay to the right (straight) at the fork on your left.

Watch to your right and you will see water. Our camp is on the other side.

Just past this you will see a road on the right. turn on this road and you will see "Brand Christian Youth Camp" on the gate.

Go straight past the lake (on your right) till you dead in into trees. Take a RIGHT and this will lead you to the camp.

Easier than it sounds :)



What to Bring?

IMPORTANT

- 1 PAIR OF WATER SHOES (CLOSE AROUND FEET NOT OPEN ON TOP, NOT JUST FLIP FLOPS) THESE CAN ALSO BE OLD SHOES YOU DON'T MIND NOT RETURNING FROM CAMP.
- FLASHLIGHT

TYPICAL CAMP STUFF

- 1 PAIR OF RUNNING/ TENNIS SHOES
- BIBLE AND PENCIL OR PEN
- INSECT REPELLENT (we will also provide some)
- Sun Screen (we will also provide some)
- SLEEPING BAG (OR TWIN SHEET SET), BLANKETS & PILLOW
- · CHANGE OF CLOTHES FOR 3 DAYS
- TWO SWIMMING SUITS IF AVAILABLE. ONE WILL WORK IF YOU DON'T HAVE TWO.
- TOILETRIES (TOOTHBRUSH, TOOTHPASTE, DEODORANT, BRUSH, SHAMPOO, SOAP, ROBE, ETC.)
- TOWELS (2) AND WASHCLOTH
- BAG FOR DIRTY CLOTHES
- CAMERA
- MONEY FOR THE SNACK SHACK (\$5 \$15 IN A ZIP LOCK BACK WITH YOUR CHILD'S NAME ON IT)
- MEDICATIONS WITH INSTRUCTIONS (THESE WILL BE REGISTERED WITH THE CAMP NURSE AT REGISTRATION)
- DON'T FORGET TO LABEL EVERYTHING YOU BRING!



2017 SUMMER CAMP MEDICAL INFORMATION & RELEASE FORM

CAMPER NAME _

This form must be signed by the camper's legal guardian.

As the patent or legal guardian of the Camper/Minor, I authorize Camper to attend Camp and to engage in all Camp activities including water sports, outdoor activities, strenuous activities, paintball, canoeing, water slide, and swimming. I agree personally and on behalf of Camper/Minor to release Big Red Ministries, the campground and their representatives, volunteers, and employees from all liability for negligent or unintentional harm to Camper/Minor or Camper/Minor's personal property resulting directly or indirectly from Campers/Minor's participation in Camp and to indemnify Big Red Ministries and the campground against any such liability. I authorize administration of over-the-counter medication, of a tetanus shot, or other medical treatment deemed necessary by Big Red Ministries, and I agree to release and indemnify Big Red Ministries and the campground against all liability and costs for treatment. I also authorize Big Red Ministries to use photos or video taken of Camper for promotional and record keeping purposes.

Signature of Parent or Legal Guardian

Print Name

Date

MEDICATION INFORMATION CARD

(Complete one Medication Information Card for each medication sent from home. If the medication is prescription, the bottle must have a prescription label with the camper's name on it.)

NAME OF CHILD (first & last):		AGE:
ALLERGIES OTHER INFORMATION:		
MEDICATION:	DOSAGE:	TIME GIVEN:

If medication is PRN (as necessary), please list reasons for giving medication (i.e.: signs or symptoms, specific situations, etc.)

I, the parent or legal guardian, of the above named child, give my permission for a camp volunteer (nurse, EMT, health assistant) to safely store my child's medication and remind him/her to take the medication at the appropriate times. NAME (Please Print): NAME (Please Sign): Date:

Below is for Summer Camp Staff use only.

MEDICATION LOG

Wednesday	Thursday	Friday	Saturday

Staff Comments or notes: CAMPER NAME



Medical Information

Please check Yes or No for each question. If yes is checked, please give approximate dates of occurances and indicate whether mild or severe.

Med	ical	Conditions	Med	licat	ions
Yes	No		Yes	No	
0	0	Does this camper have asthma?	0	0	Does this camper take any prescription medications?
					If yes, please list: (see medication policy)
0	0	Has this camper ever had convulsions?			
					What is the reason for taking the above medication?
0	0	Does this camper have diabetes?			
0	0	Does this camper have a heart defect?	0	0	Is this camper allergic to any medications?
					If yes, please list:
0	0	Does this camper have any other medical conditions or diseases?			
			Alle	rgie	5
			Yes	No	
			0	0	Is this camper allergic to peanuts?
Limi	tatic	ons	0	0	Is this camper allergic to red dye?
Yes	No		0	0	Is this camper lactose intolerant?
0	0	Does this camper have physical limitations?	0	0	Does this camper have allergies? (food, animals, insects, etc.)
0	0	Has this camper had psychiatric treatment?	Oth	er D	etails
			Yes	No	
			0	0	Are immunizations current for this camper?
0	0	Does this camper have mental limitations?	0	0	Does this camper have any difficulty with bed wetting?
			0	0	Is there any additional information regarding this camper that you fee might be helpful?
0	0	Are there any activities from which this camper should be restricted?			mght be helpful?

ANY OTHER NOTES THAT WOULD BE HELPFUL .